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POPULATION TODAY

Vol. 13, No. 11 November 1985

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We're Moving

PRB is pleased to announce that as of Dec. 9, 1985, it will move downtown to new, larger quarters:

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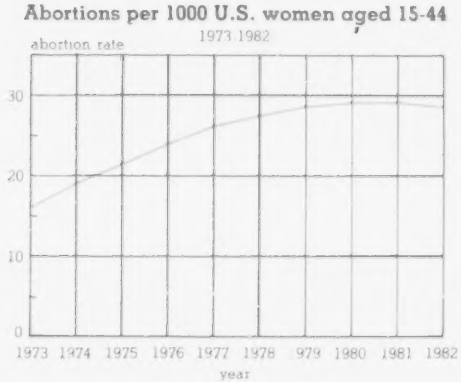
Abortions per 1000 U.S. women aged 15-44



The U.S. abortion rate has leveled off. See page 2.

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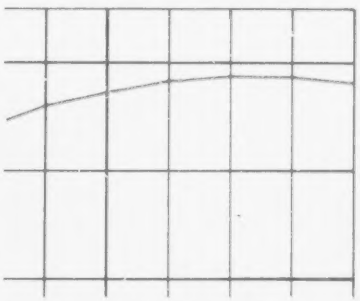
Abortion in America: 12 Years After Roe v. Wade

Among demographic indicators, few spark the national and international concern of abortion. The abortion debate in the U.S. has transcended the realm of medicine and pervaded the public consciousness. It has even entered national politics: a candidate's stance on abortion is viewed by many activists on both sides of the issue as one of the most important barometers of his or her political desirability.



Anti-abortion activists have never been more vocal and visible than in the past five years. Indeed, some prolife activists, apparently spurred by the strength of their conviction that abortion is murder, have resorted to violence. The National Abortion Federation reports that in 1984 there were 24 incidents of arson and bombing of abortion facilities in seven states and the District of Columbia. These activities are deplored by the mainline prolife organizations.

Under the Reagan Administration, anti-abortion activists have gained increased influence. The President has embraced right-to-life leaders, and is said to listen carefully to his prolife constituents. With President Reagan's approval, the Justice Dept. has asked the Supreme Court to overturn its landmark 1973 *Roe v. Wade* decision.

With that decision, the Supreme Court established that a woman's right to privacy entitles her to a safe, legal abortion, but that this right is not unqualified. It ruled, therefore, that decisions about abortion in the first trimester of pregnancy be left to the woman and her physician and not be regulated by the state. Second-trimester abortions, the Court ruled, could be regulated by the state "in ways that are reasonably related to maternal health" (i.e., restricted to hospitals, though this restriction was eased in the 1983 Supreme Court decision which affirmed *Roe v. Wade*). The Court allowed states to regulate, and even proscribe, abortions performed in the "stage subsequent to viability." (This raises questions about technology's effect on viability, and how that may alter the meaning of this decision. More on this later.)

In its brief, the Justice Dept. charges that the *Roe* decision was "a source of instability in the law" to be reconsidered and abandoned, as the principles of the 1973 ruling were so sweeping that they block "modest and reasonable" state and local governmental efforts to control legalized abortions. The brief was filed July 15 in two appeals involving Illinois and Pennsylvania laws that restrict abortions.

This request marks the first time in 31 years that the government has asked the justices to reverse themselves on a basic constitutional decision. In 1954, the Justice Dept. successfully urged the Court to overturn its 1896 ruling on the constitutionality of "separate but equal" schooling.

Parties on both sides of the abortion fence agree that it is unlikely that the same justices who voted 6 to 3 in a smiliar case two years ago to reaffirm a woman's right to an abortion would overturn the 7-to-2

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Half a Century of Social Security:
Demographic Factors Complicate FDR's Dream

Social Security, the U.S.'s broadest-based social "safety net," celebrated its 50th birthday in August, facing fiscal and demographic challenges its founders could not have forseen when it was inaugurated.

During the 1930s, the U.S. experienced economic disaster and the accompanying collapse of the informal local- and charity-based social-insurance system that was supposed to care for the unemployed, indigent, disabled, and aged. A Cabinet-level committee chaired by Labor Secretary Frances Perkins took on the task of formulating proposals for ending the country's economic insecurity. One of its solutions: compulsory old-age insurance, which was signed into law by President Franklin D. Roosevelt in the Social Security Act of 1935.

In many ways, Social Security contains an inherent self-contradiction: it is a social-insurance system disguised as a pension. This contradiction was no oversight, though; Roosevelt was adamant that Social Security be financed through payroll taxes (like a pension reduction) rather than through general tax revenues, precisely so payers would feel a "concept of earned right" when their time came to receive payments.

But payees receive far more than they paid into the system (a contradiction masked by the largeness of its paying population compared to the recipient population). And instead of financing its payments from some titanic trillion dollar pension fund, since 1939 Social Security has been financed on a "pay as you go" basis, with payroll taxes being paid out almost as rapidly as they come in and only a modest "cushion" (in the tens of billions of dollars) in reserve.

The history of Social Security since its founding has been primarily a story of program expansion. The population included in the system has grown from 60 to 95 percent of the labor force. The program in 1956 extended assistance to the disabled, and Medicare health insurance to the elderly in 1965.

In 1972, automatic cost-of-living adjustments were legislated, replacing the traditional Congressional ad hoc approach. At this time, however, the prospect of future income shortfalls became apparent, causing the managers of Social Security over the past decade to grapple with demographic and fiscal long-range problems, as the consequences of the Social Security contradiction (Social Security's attempt to be both a pension plan and social insurance) became apparent.

In 1977, in a first attempt to solve the problem, Congress "decoupled" cost-of-living rates from benefits in the future. But future demographic difficulties were becoming apparent: the increasing life expectancy of the older generation, combined with shrinking cohorts of Social Security-paying workers from the baby bust, loomed ominously. Also, the economic problems of the 1970s and early 1980s—inflation, unemployment, and stagnation—conspired to nullify the effects of that repair.

In 1983, the National Commission on Social Security Reform made additional recommendations, which resulted the following year in Congress enacting a "bipartisan compromise." This compromise called for tax increases, a continuing delay in cost-of-living increases, some taxable benefits for high-income beneficiaries, and increasing the age of eligibility for unreduced benefits to 67 years (the new age limit will become effective in 2027).

When Social Security was launched, the U.S. population was relatively young. There were about 10 people of working age for every person in the 65-and-over age bracket. Today that ratio stands at 5 to 1. If the initial challenge of Social Security in the first 50 years has been to allocate funds horizontally across society, its new challenge is (in the understatement of Social Security Commissioner Martha McSteen) to share "the burden among affected groups, present and future."

With the 1984 reform now law, most Social Security watchers feel that the fund's solvency has been ensured until sometime in the 21st century. Social Security's own projections show a giant trust fund accumulating during the early 21st century, but declining sharply as the U.S. population continues to age (see the article on this subject by Robert J. Myers in the March 1985 *PT*). This demographic iceberg is coming, slowly but surely; but it is easy to be calm about problems nearly a century in the future. □

Nortman Honored at PRB's Awards Dinner

Art Haupt

Dorothy L. Nortman (right) receives the PRB Award for Outstanding Contribution to the Field of Demography, presented by PRB Board member Laura M. Olson. Nortman is author of the definitive *Population and Family Planning Programs* (see article on next page). For this and other events at PRB's Annual Awards Dinner held on Oct. 24, see next month's *P.T.*

FROM THE EDITOR'S DESK

"We know remarkably little" about the ebb and flow of U.S. immigration, concluded the National Academy of Sciences last summer in its report, *Immigration Statistics: A Story of Neglect* (see *PT*, July/August 1985). It "found an extraordinary lack of concern" about acquiring and analyzing such statistics, and gave a special box of the ears to the Immigration and Naturalization Service.

Whether or not the INS is the heavy (and it does collect and ultimately publish statistics on legal immigrants), this country surely has a relaxed attitude toward migration data. How many undocumented aliens are there? Hard to say. How many people emigrate? No one does, of course, but to humor statisticians we'll arbitrarily peg annual emigration at 40,000.

This attitude seems particularly remarkable compared to the doggedness with which this nation pursues every other kind of data (e.g., 7.1 million cases of spinach were produced nationally in 1977). In ancient times, the census—reducing the populace to numbers—was considered somehow the Devil's work. Maybe that's our national subconscious opinion of migration stats.

—Art Haupt

Title X Continues To Divide Capitol Hill

Title X of the Public Health Service Act, which funds family planning services in the U.S., has become one of the most longstanding controversial topics on Capitol Hill. Traditionally, the program's critics have been from groups considered outside mainstream politics, or members of Congress too few to mount much legislative opposition. However, with the emergence of the New Right in the late 1970s, family planning critics have assumed positions of power, a potentially important development for the future of family planning services.

In the past, Title X has enjoyed strong bipartisan support in Congress. In 1981, however, the provision was subject to unprecedented attacks from ranking members of Congress, though it was reenacted for another three-year period. In 1984, Title X was granted a one-year extension, rather than the usual three-year reauthorization, a result of strong objections on the part of Senate Labor and Human Resources Committee Chairman Sen. Orrin G. Hatch (R-Utah) and the chairman of the Subcommittee on Family and Human Services, Sen. Jeremiah Denton (R-Ala.).

In the Democratically controlled House, however, the Title X programs have received a much warmer reception. Twice in 1984 under the leadership of Rep. Henry A. Waxman (D-Calif.) and Rep. Edward R. Madigan (R-Ill.) a majority of House members voted to renew Title X. However, because of Senate action, Congress was forced to reauthorize the program for only one year. This one-year limit has since ended and the Title X programs are being financed through a continuing appropriations resolution until Nov. 14, 1985.

This year, congressional action on Title X has received the same rough treatment as last year. Opponents of Title X are still attempting to alter the structure of the program, by adding amendments, such as the one which would prohibit the provision of any type of information or counseling regarding abortion for women who faced unintended pregnancies (currently Title X regulations require that recipients provide nondirective counseling about abortions as a possible way to terminate unwanted pregnancies). Title X's supporters, concerned about the proposed alterations, are struggling to continue the present program with the funding reauthorization. As of this writing there are no immediate plans to bring the reauthorization bills to a vote in the two houses, and the conflict could be settled (or left unsettled) by a continuing resolution that re-funds most of the federal government at present levels. □

Ostrander Named New Population Coordinator

Nancy Ostrander was appointed Coordinator for Population Affairs Sept. 23, the U.S. State Dept.'s highest officer concerned with population.

A career Foreign Service Officer, Ostrander was Ambassador to Suriname 1978-1980, and has served in Cuba, Jamaica, and Mexico. Most recently, she has been Diplomat in Residence at Indiana and Purdue Universities.

The Coordinator for Population Affairs has a role in developing U.S. international population policies, and negotiates with other governments and international organizations concerning these policies.

The previous Coordinator was Amb. Richard E. Benedick, who in August 1984 asked to be reassigned to another State Dept. post after the Administration excluded him from the diplomatic delegation to the International Conference on Population (for dispatches from this front, see *PT* for most of 1984). The post itself has been vacant for the past year (though the Coordinator's office has continued to function), and it remains to be seen what Ostrander can do with a position whose authority and jurisdiction are in a state of flux. □

LDC Contraceptive Use Detailed in New 'Fact Book'

The definitive reference on where contraceptive prevalence stands in developing countries, the 12th edition of Dorothy Nortman's *Population and Family Planning Programs: A Compendium of Data Through 1983,* has been published by the Population Council.

While the Compendium (universally referred to by grateful researchers as "the Nortman Fact Book") details various economic and social data for most of the world's developing countries, the book's real treasures are its tables giving official population policies for 84 countries

Continued on next page

Continued from preceding page

(Table 6), and broad data on family-planning acceptors in 21 developing countries (Tables 15-18); (see "Take A Number" page 10). Nortman has assembled the best available collection of this not-easy-to-find data, showing acceptors by (where available) method, number of living children, and other variables.

The table showing acceptors as a percentage of married women of reproductive age (MWRA) is especially instructive. The percentage varies widely among the 39 countries listed—from Pakistan's 6.4 percent (as of 1980) to China's 69.5 percent (as of 1982). Countries like Colombia (with 55.1 percent, as of 1984) and Jamaica (with 51.4 percent, as of 1983) have also shown major increases during the past decade. (The reproductive age sampled varies from 15-44 to 15-49 in different countries.)

Among the 39 countries for which data are supplied, sterilization appears to have been the most widely used contraceptive method (used by 15 percent of MWRA), followed by IUDs (used by 12 percent), oral contraceptives (8 percent), and other (10 percent). □

Population and Family Planning Programs: A Compendium of Data Through 1983, by Dorothy L. Nortman, is available for $7.00 postpaid from the Population Council, One Dag Hammarskjold Plaza, New York, N.Y. 10017.

NEW FROM PRB

New U.S. Data Sheet

U.S. life expectancy varies, depending on where you live. You can, for example, expect at birth to live over 7 percent longer in Hawaii (ranked No. 1) than in Louisiana (ranked No. 50).

Life expectancy rankings by state, obtained from the National Center for Health Statistics, are a new column of data in PRB's just-published *United States Population Data Sheet*. This fifth edition of PRB's colorful 18½ x 24 inch wallchart displays a plethora of statistics on the U.S.'s nine regions, 50 states, and national capital.

The life-expectancy variation in other states reveals some surprises. For example, New Jersey, sometimes maligned because of chemical industry problems, turns out to have a better than average life expectancy, certainly better than its below-average neighbors New York, Pennsylvania, and Delaware.

Why does life expectancy vary from state to state? Keep in mind that the age structure of a state population does not affect life expectancy since this figure is based on age-specific mortality statistics.

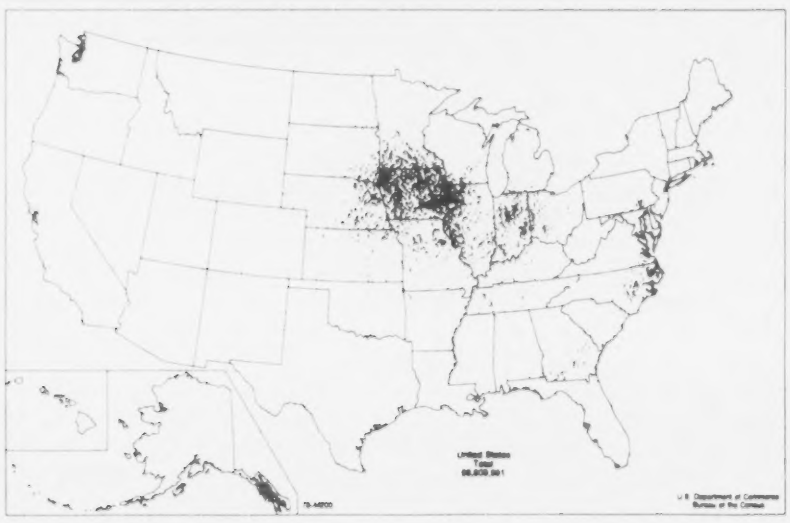
A state's minority population can, however, affect life expectancy, as most minority groups, except Asian Americans, have lower life expectancy than whites (Hawaii, whose population is 47 percent Asian American, has the country's highest life expectancy). Blacks have a significantly lower life expectancy than whites (70 vs. 75), and a state's life expectancy tends to be lower, depending on the relative size of its black and Hispanic population.

Other new columns on the fifth edition Data Sheet:

- The U.S.'s 3.5 million Asian Americans (as of 1980) are shown by state. The five with the most Asian Americans: California, Hawaii, New York, Illinois, Texas.
- Infant mortality rates are ranked by state (as of 1982). The five states with the lowest IMR: Hawaii, Maine, Colorado, Arizona, Vermont.
- The state capitals of the U.S. are listed, with their populations (What state's capital is Frankfort?). The five most populous: Phoenix, Indianapolis, Columbus, Boston, and Denver. Montpelier, with 8,000 people, has the smallest capital population of any state. □

Copies of the *United States Population Data Sheet* (fifth edition) are $2.00 per single copy; 2-10 copies, $1.75 ea.; 11-50, $1.50 ea.; over 50, $1.25 ea. Send order and remittance (with $1.00 handling on orders of $20 or less) to Population Reference Bureau, Inc., P.O. Box 35012, Washington, D.C. 20013.

SPEAKING GRAPHICALLY



This is a population density map of the U.S. But, we ask you, of what population? One *PT* staffer guessed that it had something to do with an ashtray being spilled 37,000 feet over Iowa, but that's not it. For the answer, see page 10.

Census Catalog and Guide

The Census Bureau's new 1985 catalog has always been a good one-volume resource on just what is available from the Bureau, but now it's even better.

Besides a listing of data and reports available, the *Census Catalog and Guide* gives an expanded subject index and detailed telephone contacts at the Bureau itself, its regional offices, and demographers and statisticians in the states.

Added this year is a series of "mini-guides," reproductions of issues of the Bureau's *Factfinder for the Nation* newsletter which gives excellent summaries of topics such as Census geography, the Census of Agriculture, and international programs, among others.

With this publication, the Bureau can make you more than just an educated consumer—you can become an instant (well, almost instant) expert. □

Census Catalog and Guide 1985 is available from the U.S. Government Printing Office, Washington, D.C. 20402. 358 pp.. Price $13.00. GPO stock number S/N 003-024-06331-0

DEMOGRAPHER'S

The Last Metro (Definition)?

by Carl Haub

Judging by the questions that come in to PRB, the new (1983) definition of U.S. metropolitan areas has caused some confusion for those who use the data.

SMSA is dead. Long live MSA. This article should help set forth some of the differences between the old and new metro areas. While space does preclude discussing all criteria of the qualifying rules, the References (see below) will afford more details for the brave souls who wish to pursue this subject further.

The government has defined consistent metro areas since 1950, largely because U.S. city boundaries do such a poor job of describing them. A metro area has long been defined as a large population nucleus, with its economically and socially related adjacent communities. This concept may be obvious, but setting down a body of rules to define one proves more difficult than at first glance.

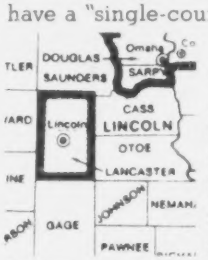
Metro club membership itself can be prestigious for a city and, perhaps more importantly, can qualify a city for federal grant money. It may make an area more "visible" so that it can then attract investment with its lofty status. Signs in city airports (no matter how small) can proclaim: "Welcome to the Greater Mudville Metro Area, the Nation's Corrugated Beeswax Capital!"

The old system of defining metro areas, Standard Metropolitan Statistical Areas (SMSAs), first set up for the 1950 Census, has now been superseded by a multitiered system of classification. "SMSA" has departed as a title and has been replaced by such esoteric acronyms as "MSA," "PMSA," and "CMSA." Why all this fuss, you ask, when we were all so satisfied by our nice, cozy SMSAs?

How It Was

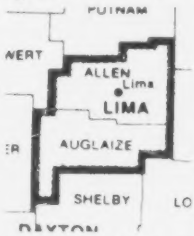
The original method of defining whether or not an area was "metro," statistically speaking, used the county as the basic "building block" of a metro area (as does the new method). Counties are used because they are the smallest units for which a wide variety of data are readily available. Data and estimates are also available for counties during the 10 long years between censuses, another very salient point. In some cases, independent cities, such as Baltimore, Md., and the many independent cities of Virginia are treated as "county equivalents."

Under the original method, once a city (or contiguous "twin cities") reached a population size of 50,000, its county of location could officially become metro. The smallest possible SMSA was a single county, sitting by itself, containing an urban area of 50,000 population. This fundamental concept applies today in the Lincoln, Neb. MSA (see inset). It consists only of Lincoln's county of location, Lancaster Co. Thus, we have a "single-county" metro area.



An SMSA could grow to be a multicounty metro area when it was shown to have close economic and social ties to a neighboring county or counties, e.g., significant commuting from an adjacent suburban county for employment. An example would be the Lima, Ohio metro area, comprised of Allen County and the central city of Lima and neighboring Auglaize County (see inset). The metro areas of the larger cities, of course, consist of quite a few contiguous counties. The Indianapolis metro area contains eight counties, for example.

As time went on, appeals about special situations modified the rules



on central city size (Benton Harbor, Mich. and Poughkeepsie, N.Y. are two cities that made such appeals in order to gain SMSA status.) As a result, only a dense concentration of 50,000 or more population is really necessary to be considered for metro status. Under the new definition, MSAs and SMSAs differ little in concept, although the rules have varied with time.

A Digression

In setting up any statistical definition (classification is, after all, the scientist's biggest challenge) one will quickly run into exceptions. In New England, counties are of no importance as governmental units, so the New England "town" (or city) is used to build metro areas. New England County Metropolitan Areas (NECMAs) are still defined by the Census Bureau for those who wish to use county-level data there.

Some cities have legal boundaries which are quite small compared to their actual built-up area. The Hickory, N.C. Urbanized Area contains 62,000 people, but the limits of Hickory itself contain only 21,000. Others, due to strict legal restraints, have trouble annexing territory when they overflow their original boundaries.

In that last paragraph, we also slipped a new term into the discussion—"Urbanized Area" (UA). That definition of a "city" often makes more sense in that it includes a city and its continuously built-up area, disregarding county boundaries. A UA is, then, analogous to a "city's" appearance if

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Carl Haub is PRB's Director of Demographic Analysis and Public Information.

viewed from the air. Thus a UA includes less population than an MSA, but also eliminates much territory which is sparsely inhabited due to large or oddly shaped counties. Data are published for UAs, but only for every tenth year—when a full census is taken.

How It Is

Metropolitan areas are defined by the Office of Management and Budget with technical support from the Census Bureau. The new definition took effect on June 30, 1983 and can be summarized:

1. *Metropolitan Statistical Area (MSA).* A county may qualify as an MSA if:

a) it contains a city of 50,000 or more population, using legal city boundaries to define the city.

OR

b) it contains an Urbanized Area of 50,000 or more population and the total metro population would be 100,000 or more. The 100,000 total requirement applies to the one or more counties which may comprise the metro area in question. In New England, the qualifying total is actually 75,000.

An MSA can be one county or group of counties and range in size from a 1984 estimated population of 65,400 (Enid, OK MSA) to 3,429,400 (Washington, DC-MD-VA MSA — the largest MSA). A few smaller SMSAs, established under the old rules, which may not meet the 100,000 population cutoff of the new rules, can be "grandfathered" into the new definition.

Recognizing that this system will label both New York and Victoria, Tex. as "metro," the new definition also sets up a hierarchy of MSAs. They are classed from Level A, areas of 1 million or more to Level D, areas of less than 100,000.

2. *Consolidated Metropolitan Statistical Area (CMSA).* A metro area may qualify as a CMSA if:

a) it contains 1 million or more population (i.e., a "Level A" MSA)

AND

b) it contains a qualifying Primary Metropolitan Statistical Area (PMSA) within it (see below).

The PMSA is one of the more novel aspects of the new definition. This classification sets up a two-tier system within the larger MSAs.

3. *Primary Metropolitan Statistical Area (PMSA).* A county or group of counties may qualify as a PMSA if:

a) local opinion supports separate recognition for a county or group of counties which demonstrate relative independence within the metro complex. (Nearly all PMSAs qualified in this way.)

OR

b) it had previously been recognized as a metro area on January 1, 1980 AND local opinion supports its continued recognition as such.

The "two-tier" CMSA-PMSA represents a broadening of the old Standard Consolidated Statistical Area (SCSA) which was applied to the largest metro areas. New York and Chicago were first so defined in 1960 and the number rose to a high of 17 in 1981. An SCSA was composed of separate SMSAs showing uninterrupted urban development (e.g., New York City—Jersey City) and a large volume of commuting, but not a large *percentage* of commuting.

The CMSA-PMSA definition essentially recognizes that metro area growth has several aspects. One is that a large area can gobble up smaller "satellite cities" which may qualify for metro status on their own. Another is that areas near large cities have become more economically independent. Still, no PMSA will come into existence without significant local support. No one in Ft. Worth, Tex. wants to hear that it has become statistically subordinate to Dallas, hence the Dallas-Ft. Worth, TX CMSA. Newport News and Hampton, Va. could have opted for PMSA status, but didn't. Thus, the new definition tries to reflect the true structure of U.S. metro areas in a consistent manner while taking the many local "special cases" into account.

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The large accompanying map illustrates each type of metro area: single county MSAs (Flint and Jackson), multicounty MSAs (Lansing-East Lansing), and a CMSA (Detroit, including the Ann Arbor PMSA). We should note here that the balance of the Detroit CMSA (i.e., excluding Ann Arbor) is listed as the "Detroit PMSA" in Census Bureau tables; the dashed line serves to separate the Ann Arbor and Detroit PMSAs. Another issue is the definition of which cities are "central cities" and which are not, but space precludes a detailed discussion here.

The metro definition does have its complexities. The titles alone serve warning to the casual researcher that a long day may be ahead: New York-Northern New Jersey-Long Island, NY-NJ-CT CMSA, Visalia-Tulare-Porterville, CA MSA and Davenport-Rock Island-Moline, IA-IL MSA.

As one wag has put it, the system of classifying metro areas should perhaps carry the "don't try this at home" warning label. But, in truth, if what you're after is metropolitan or cosmopolitan or just plain rankings (my PMSA is bigger than your PMSA!), the new metro definition is probably flexible enough to satisfy you. □

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Author's note. Thanks to Richard Forstall of the Census Bureau for his assistance with this article; PRB is, however, solely responsible for its contents. Mr. Forstall will be happy to provide additional answers on the metro definition. He may be reached at 301-763-5184.

Abortion in America

Continued from page 2

Roe decision. (Five of the justices are over 75 years old, however, and a shift of only two seats in the Supreme Court could swing that 6-to-3 affirmation.)

The Demographics of Abortion

Who are the women obtaining abortions? In 1981, the most recent year for which detailed characteristic data are available, most abortions were obtained by young women, unmarried women, and white women. About 1.6 million abortions were reported for the U.S. in 1981 representing about 26 percent of pregnancies that year (The Alan Guttmacher Institute [AGI] estimates virtually the same number for 1982). Thirty-five percent of all abortions were obtained by women aged 20-24; women 30 or more years of age accounted for 16 percent. The teenagers' share of all abortions was 28 percent; 3 percent of those were provided to girls under 15. AGI each year estimates the number of U.S. abortions, based on its own surveys of abortion providers and detailed surveillance data from the Centers for Disease Control.)

Seventy percent of abortions in 1981 were obtained by white women. The abortion rate (number of abortions per 1,000 women aged 15-44) and ratio (which AGI defines as the number of abortions per 1,000 abortions-plus-live-births) are higher for nonwhites than for whites, though among those under 20, the abortion ratio is highest for whites.

Unmarried women accounted for the lion's share of abortions: about 81 percent. Five percent of all unmarried women of childbearing ages obtained abortions in 1981, compared with about 1 percent of married women. In general, single women experience almost twice as many abortions as births, while married women have almost 10 times as many births as abortions.

The majority of women who terminated their pregnancies, 58 percent, had had no previous live births, and 65 percent had had no prior induced abortions. Nearly 25 percent had obtained one prior abortion, 7 percent two prior abortions, and 3 percent three or more.

Trends and Services

The U.S. abortion rate remained essentially stable in 1981 and 1982, after rising each year between 1973 and 1980. The annual increases in the years just prior to 1980 were small.

The proportion of abortions obtained by women who have had one or more previous abortions continues to rise. This appears to be a result of a growing population of women who have had abortions, and who are, therefore, at risk of repeat procedures.

In 1981, as in 1980, 91 percent of abortions were performed at 12 or fewer weeks past the last menstrual period (weeks LMP). Half of all abortions were obtained at 8 weeks LMP and fewer than 1 percent at more than 20 weeks.

Abortion services are most available, and rates are highest, in states on the East and West coasts. Most abortions are performed in metropolitan counties – only 2 percent of abortions were performed in nonmetro counties in 1982.

In 1982, 82 percent of abortions were performed in nonhospital facilities: 56 percent in clinics which specialize in abortion services, 21 percent in other kinds of clinics, and 5 percent in physicians' offices. In 1983, women paid an average of $200 for a first trimester nonhospital abortion.

Future Prospects

The viability of the fetus is at the core of the Supreme Court's 1973 *Roe v. Wade* decision, which allows for heavy restrictions on abortions performed after the fetus is considered viable. But the more advances there are in neonatal care, the earlier the age at which a fetus can live outside the womb. Doctors cannot say for certain after what length of gestation a fetus can be considered

Continued next page

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viable, though it is generally agreed that before 24 weeks there is no chance for any independent existence. Nearly all healthy babies born prematurely at 28 weeks survive, the point of fetal viability cited by the Supreme Court. One great uncertainty of the abortion debate is the potential impact of major technological advances, such as the development of an artificial womb, which would change the common perception of viability.

For many abortion advocates, the abortion debate can be boiled down to one major issue: the right of women to control their own bodies. This right includes unrestricted access to safe and legal abortion. Legal or not, abortion is not about to disappear, these activists believe. Its prohibition, while possibly discouraging some women from terminating their unwanted pregnancies, will simply force others to seek dangerous alternatives to today's safer methods. In the view of prochoice advocates, this freedom of choice is more important than the potential life of the fetus.

For most prolife advocates, the bottom line is just as apparent: abortion is morally wrong. They seek legal recognition that human life begins at conception: anti-abortion bills such as the Human Life Amendment, which outlaws virtually all abortions by declaring that life begins at conception, have been considered by Congress. Recognizing that the prohibition of abortion will not dissuade some women, some prolife groups have started programs which offer alternatives for pregnant women. For the last two years the Moral Majority's "Save the Baby" program has arranged free medical care for pregnant women anywhere in the U.S., along with free room and board during the duration of their pregnancy, as well as the use of adoption services, if desired.

Twelve years after being made legal, abortion in the U.S. faces the dawn of a new era, in which its politics figure prominently. Vociferous abortion foes cannot be expected to quietly fade away: if anything, the debate may get louder as prochoice activists launch efforts to match the campaign of the right-to-life movement. □

WORLD FOOD NEWS

This month, World Food News has good news to report. The UN Food and Agriculture Organization (FAO) has raised its forecast of world cereal production in 1985 to a record 1.884 billion tons, some 39 million tons more than 1984. One bright note is that 1985 harvests will be much better than last year in most of previously drought-affected western and eastern Africa, with some countries even accumulating exportable surpluses (estimated by FAO at 1.3 million tons).

FAO forecasts global carryover stocks at the end of the 1985-1986 season will rise by 50 million to a record 358 million tons, with most of the increase in the U.S.'s coarse grain holdings. With abundant harvests and no major regional crop failures anticipated, world cereal trade is forecast to fall sharply in 1985-1986 to 194 million tons, a decline of 11 percent from the previous year. Better harvests in the USSR will lead to reduced cereal imports, while the shipments of most major exporters, in particular the U.S., are expected to decline. □

World Food news is prepared by the North American Liaison Office of the Food and Agriculture Organization of the United Nations.

Population Update

Estimated United States Population:

As of June 1, 1985	238,616,000
As of June 1, 1984	236,502,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 968.

Estimated World Population:

As of November 1985	4,873,000,000
Annual Growth	82,000,000

Estimated by extrapolation of the mid-1985 world population given on the 1985 World Population Data Sheet.

Latest Provisional Statistics for the U.S.: June 1985

Item	12 months ending with June: Number 1985	Number 1984	Rate 1985	Rate 1984	Rate 1983	Rate 1982
Live births	3,742,000	3,631,000	15.8	15.5	15.9	15.9
Deaths	2,078,000	2,031,000	8.8	8.6	8.6	8.5
Natural increase	1,664,000	1,600,000	7.0	6.9	7.3	7.4
Marriages	2,447,000	2,454,000	10.3	10.4	10.6	10.6
Divorces	1,160,000	1,161,000	4.9	4.9	5.1	5.2
Infant deaths	39,300	39,200	10.5	10.8	11.0	11.4
Population base (in millions)	...	...	237.3	234.9	232.7	230.5

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births. Rates are based on revised population estimates from the 1980 Census.

Source. Monthly Vital Statistics Report (Vol. 34, No. 6) from the National Center for Health Statistics.

POSITIONS/ PROFESSIONALS

Editor/Creative Director, for private, nonprofit organization in Washington, D.C., to work on project aimed at conveying research findings to Third World policymakers. *Qualifications:* appropriate managerial experience in creative design and production of written and A/V materials for lay audiences; knowledge of population issues, Third World experience, advanced degree and foreign language skills desirable. *Salary:* negotiable. *Contact:* P.O. Box 35012, Washington, D.C. 20013. Attention: Search Committee.

Population Coordinator, U.S. Agency for International Development, to be contracted under a 2-year personal services contract to work in Niamey, Niger, to be responsible for the overall planning, development, monitoring, and coordination of AID-supported population/family-planning activities in Niger. Coordinator reports to USAID/Niamey Health Development Officer. *Qualifications:* graduate degree in, and demonstrated knowledge of, the population/family-planning-related field; African experience; French language proficiency; knowledge of AID. *Send Curriculum Vitae and Salary Requirements to:* Dawn Liberi, USAID/Niamey, AID, Department of State (ID), Washington, D.C. 20523. *Closing Date:* Dec. 1, 1985.

Data Processing Specialists, to handle data processing needs of the Demographic and Health Surveys (DHS). *Qualifications:* Micro and mainframe experience; some knowledge of the population field; fluency in French or Spanish; and some training background; willingness to work in less developed countries one-third of time. *Salary:* $22,000-$32,000, based on skills and experience. *Contact:* J. Cushing, DMS/Westinghouse, Box 866, Columbia, Md. 21044.

Country Monitors, to work on DHS country projects. *Qualifications:* graduate training in population or health; experience with surveys, preferably in less developed countries; fluency in French or Spanish; and willingness to work in less developed countries one-fourth of time. *Salary:* $30,000-$36,000, based on skills and experience. *Contact:* J.M. Sullivan, DHS/Westinghouse, Box 866, Columbia, Md. 21044.

The map on page 5 shows the hog and pig population of the U.S., from the 1978 Census of Agriculture. 1 dot = 10,000 porcine production units, for a total of 58,809,991.

TAKE A NUMBER . . .

Real Decline in U.S. Educational Quality?: A recent Census Bureau analysis indicates, among other things, that there is statistical evidence of lower quality education in the country. Much attention has been given to declining Scholastic Aptitude Test scores, used for college entrance in the U.S. Two-thirds of the decline in these scores from 1963 to 1970 can be attributed to the fact that the proportion of 18-year-olds going to college increased, resulting in a lowered ability level for test-takers in general. But, after 1970, most score declines occurred *within* ability groups.

A 1974 test on functional literacy, which tested such things as the ability to read simple signs, showed 13 percent of all 17-year-olds scoring less than 75 percent. This proportion was 41 percent for blacks and 31 percent for other nonwhite races. Since that time, reading comprehension tests show little improvement across age groups.

Population Policy Update: According to the Population Council's 12th edition of *Population and Family Planning Programs* fact book, three-fourths of the population of less developed countries live in countries with an official policy to reduce the population growth rate (see article, page 4). This varies from 10 percent in sub-Saharan Africa to nearly 100 percent in South Asia. In the less developed countries, excluding China, 24 percent of currently married women of reproductive age were estimated to be using contraception; this rises to 38 percent when China is included.

More Frequent Counts: The U.S. may have decided not to take a mid-decade census, but a number of Asian countries now look with favor on these quinquennial exercises. Australia, Canada, Japan, New Zealand, and South Korea have taken five-year counts for some time, but now Sri Lanka and Bangladesh see the need for more frequent counts in order to keep pace with faster demographic changes. Indonesia, Thailand, and Hong Kong also plan repeats of their major mid-decade surveys (in Hong Kong, it's called a "by-census"). The need for such a census in the U.S. is brought to our attention time and time again by researchers who contact PRB for updates on U.S. ethnic groups or data on smaller geographic areas (such as states) and must either settle for estimates now, or wait until about 1993 for an answer.

More Natives in Britain: The percentage of births to British-born mothers has been slowly rising since 1980 as immigration slackens and the offspring of those immigrants are themselves first-generation Brits, the *Economist* reports. A similar trend toward national-born mothers can also be noted in data from West Germany.

. . . addenda

Drawing by Vietor. Copyright 1985 *USA Today*. Reprinted by permission.

"Don't mind me. I'm a people watcher."

CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 2213 M St., N.W., Washington, D.C. 20037.

CHINA'S ONE-CHILD FAMILY POLICY, edited by Elisabeth Croll et al. New York: St. Martin's Press. 1985. 237 pages. $27.50.

This measured account of China's one-child national population policy is viewed in the context of China's modernization efforts. The government came to view rapid population growth and a young age structure as a barrier to capital accumulation and economic development, requiring state intervention in fertility decisions. Separate essays focus on urban, rural, provincial and old age security aspects of the policy, as well as incentives and disincentives to observe the one-child policy.

The authors stress that the success of China's one-child policy hinges not only on policy changes but will be a question of translating those into fertility norm changes; the outcome is still most uncertain.

—Alexander von Cube

REPRODUCTIVE CHANGE IN DEVELOPING COUNTRIES: Insights from the World Fertility Survey, edited by John Cleland and John Hobcraft. New York: Oxford University Press. 1985. 301 pages. $24.95. ISBN 0-19-828465-9

The mandate for these 12 essays by staff members and close associates of the World Fertility Survey during its 12 years of operation, 1972-1984, was to "distill the contribution to demographic knowledge of the Third World made by the WFS" in its surveys of 230,000 women in 42 developing countries, as documented in what were already some 700 reports as of the end of 1983. The result of this formidable task is a highly readable, nontechnical account of the achievements, shortcomings, surprising and less surprising findings, as well as policy implications of the largest social survey ever undertaken.

WFS' greatest achievement, several authors observe, was to provide, for the first time, high-quality, crossnationally comparable data on the "proximate determinants" of fertility—contraception, nuptiality, fecundity, and breastfeeding. Among the shortcomings were a too-Westernized approach to fertility regulation in the core questionnaire and "obsessive perfectionism" in data preparation, which led to long delays in publication of many country reports.

Surprise findings included the high mortality among children born after intervals of less than two years and scant support for the current "dominant" theory that economic changes induced by modernization precipitate fertility decline. Instead, as Cleland puts it, the WFS suggests that fertility transition results from an innovation process—the spread of new ideas and lifestyles—a process that can be hastened by well-run family planning programs.

With such fascinating observations, the book illustrates the bountiful harvest that the WFS was and continues to be for students, educators, researchers, policymakers, and all who are concerned with development in the Third World.

—Jean van der Tak

PRICING THE PRICELESS CHILD, by Vibiana A. Zelizer. New York: Basic Books. 1985. 277 pages. $18.95. ISBN 0-465-06325.

From work houses to Romper Room—as U.S. children have become less valuable to their parents economically in the last 100 years, they have become more valuable emotionally, says sociologist Zelizer. But this process (which mirrors the transformation of the family from economic unit to sentimental institution) has brought its own social problems, including emotional exploitation of one's own economically "useless" children, and (in some critics' views) indifference and hostility to the children of others. Child liberation movement activists argue that allowing children to be "useful," to contribute work to the family unit and to achieve some financial independence, would ultimately help their status and dignity, and keep them from being treated as "an expensive consumer item."

—Arthur Haupt

PUBLICATIONS RECEIVED

AFRICA SOUTH OF THE SAHARA 1986, 15th edition. London: Europa Publications, Ltd. (Distributed by Gale Research Co., Detroit, Mich.), 1985. 1089 pages. $135.00.

THE BREAKING OF BODIES AND MINDS: Torture, Psychiatric Abuse, and the Health Professions, edited by Eric Stover et al. American Association for the Advancement of Science. New York: W. H. Freeman, 1985. 319 pages. $11.95.

THE CHICANO EXPERIENCE: An Alternative Perspective, by Alfredo Mirande. South Bend: Notre Dame Press, 1985. 272 pages. $19.95.

ECONOMIC DEVELOPMENT, SOCIAL STRUCTURE AND POPULATION GROWTH, by Victor S. D'Souza. Beverly Hills, Cal.: Sage Publications. 136 pages.

ENCYCLOPEDIA OF STATISTICAL SCIENCES, Vol. 6. New York: Wiley, 1985. 758 pages. $85.00

AN ENVIRONMENTAL AGENDA FOR THE FUTURE, by Natural Resources Defense Council et al. Washington, D.C.: Island Press, 1985. 155 pages. $5.95.

THE EUROPA YEAR BOOK: A World Survey, Vols. I and II. London: Europa Publications Ltd. (Distributed by Gale Research, Detroit, Mich.), 1985. 2951 pages. $210.00.

GOSSYPOL: A Potential Contraceptive for Men, edited by Sheldon J. Segal. New York: Plenum Press, 1985. 271 pages. $45.00.

LONGITUDINAL STUDIES OF ADULT PSYCHOLOGICAL DEVELOPMENT, edited by K. Warner Schaie. New York: The Guilford Press, 1983. 332 pages. $32.50.

MARYLAND AND AMERICA: 1940 TO 1980, by George H. Callcott. Baltimore: The Johns Hopkins University Press, 1985. 376 pages. $27.50.

THE ONE-PARENT FAMILY IN THE 1980s: Perspectives and Annotated Bibliography 1978-1984, by Benjamin Schlesinger. Toronto: University of Toronto Press, 1985. 284 pages. $17.50.

REFUGEES IN THE UNITED STATES: A Reference Handbook, edited by David W. Haines. Westport, Conn.: Greenwood Press. 243 pages.

SPOTLIGHT

POLAND

Population (1985 est.): 37.3 million
Births per 1,000 pop. (1984): 18.9
Deaths per 1,000 pop. (1984): 9.6
Rate of Natural Increase: 0.9 percent
Total Fertility Rate: 2.4
Infant Mortality Rate: 19.2 infant deaths per 1,000 live births
Life Expectancy at Birth: 71 years
Exports: Coal, shipping, steel products, clothing
Imports: Grain, petroleum, chemicals
GNP per capita (1982): $4670
Capital: Warsaw

The largest by area and most populous of Eastern European countries, Poland lies on the Central European Plain, sloping upward into rolling hills and the Carpathian Mountains in the south. Its location at the center of Europe has for better or worse been a decisive determinant in its history through the centuries, as it has had to vie with neighboring countries for autonomy—most recently with the USSR, on which it now depends as a client state.

One result of this struggle has been acute changes in its population size and composition. McEvedy and Jones in their essential *Atlas of World Population History* put Poland's population in 1815 (present-day boundaries) at 10 million. At that time, the country did not exist, but had been absorbed into Russia, Prussia, and Austria.

The Polish population tripled during the subsequent century. In 1919 the Treaty of Versailles reestablished Poland as a country along expansive boundaries, encompassing part of Germany, and by the outbreak of World War II the number of people living under the Polish flag had reached 35 million. At that time nearly a third of the population consisted of minorities, including almost 10 million Germans, along with Ukrainians, who made up nearly 14 percent of the population, and Jews, who constituted some 10 percent.

The Nazi invasion and occupation had devastating consequences for Poland. Some 6 million people, including the great majority of the country's Jewish population, were killed, and Poland joined the tragic ranks of 20th century countries (including the USSR, Mexico, and Cambodia) where prolonged violence has significantly lowered the total population.

When the war finally ended, the country's boundaries were pushed 200 miles westward by the USSR, a change acceded to by the other Allies. The country's Germans (most of them Polish citizens but also including over a million civilians from Germany who had relocated in Poland during the war) fled westward, to be absorbed in the new country of East Germany. Meanwhile 1.5 million Poles (themselves expelled from the newly Russian-ized lands to the East) migrated westward into the new Poland and another 3 million Poles who had fled the country during the war were readmitted.

As a result of these upheavals, the population of postwar Poland in 1950 was 25 million—about the same level as that of three decades earlier, but with different boundaries and a different, homogeneous population composition. By the end of the 1970s, the Polish population surpassed the pre-World War II 1939 high of 35 million.

Photos displayed in a Warsaw photography studio.

Poland is a Communist country whose economy features shipbuilding, other heavy industry, and mining. The most populous city is Warsaw, the capital, completely rebuilt after the war with a current population of 1.5 million. Other major cities include Lodz and Krakow. The population is 27 percent rural, and the national government encourages people to stay on the land, instead of moving to the major cities, which have severe housing shortages and long waiting lists for apartments. Unlike other Eastern Bloc countries, agriculture is largely in private hands, with many staples sold directly from producer to consumer. Nevertheless, agriculture is hard pressed to meet food needs and some foods are rationed.

During the postwar era, population growth has been relatively rapid, with the birth rate reaching 25 per 1,000 population in the early 1950s. A liberal abortion law was instituted in 1956 (and has been liberalized since then, despite increasing opposition from the Catholic Church). A 1950s campaign to encourage smaller families resulted in a drop in the birth rate to around 16.2 births per 1,000 population in 1968. Since then, a series of pronatalist campaigns have been paralleled by a rebound in the birth rate, which is now around 19. (Poland's fertility trends have not followed the common European pattern of steady decline toward replacement level.) With the exception of tiny Albania (whose rate of natural increase is 2.2 percent), today Poland's 0.9-percent population growth is the highest in Europe, and slightly higher than the USSR's. □